## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                                    |                                |      |                       |                         |                 |             |  |
|--|--------------------------------|------|-----------------------|-------------------------|-----------------|-------------|--|
| 1 Date of Request: 02/27/07 2 Seri                               |                                |      | al/Patent #09/283,125 |                         |                 |             |  |
| 3 Please refund the following fee(s):                            |                                | (s): | 4 PAPER<br>NUMBER     |                         | 5 DATE<br>FILED | 6 AMOUNT    |  |
| ·  | Filing                         | :    |                       |                         | -               | \$          |  |
|  | Amendment                      |      |                       |                         |                 | \$          |  |
| Extension of Time  |                                |      |                       |                         |                 | \$          |  |
|  | Notice of Appeal/Appeal        |      |                       |                         |                 | \$          |  |
| Х  | Petition                       |      | 9                     |                         | 08/09/06        | \$ 1,500.00 |  |
|  | Issue                          |      |                       | _                       |                 | \$ .        |  |
|  | Cert of Correction/Terminal Di |      |                       |                         |                 | \$          |  |
|  | Maintenance                    |      |                       |                         |                 | \$          |  |
|  | Assignment                     |      |                       |                         |                 | \$          |  |
| ·  | Other                          |      |                       |                         |                 | \$          |  |
|  |                                |      | 7 TOTAL AMOUNT \$1,50 |                         | \$1,500.00      |             |  |
|  |                                |      | 8 TO BE REFUNDED BY:  |                         |                 |             |  |
| 10 REASON:   |                                |      |                       | T                       | Treasury Check  |             |  |
|  | Overpayment                    |      |                       | X Credit Deposit A/C #: |                 |             |  |
|  | Duplicate Payment              |      |                       | 9 C                     | ) 3 1           | 2 3 7       |  |
| X No Fee Due (Explanation):                                      |                                |      |                       |                         |                 |             |  |
| petition was not necessary                                       |                                |      |                       |                         |                 |             |  |
|  |                                |      |                       |                         |                 |             |  |
|  |                                |      |                       |                         |                 |             |  |
| 11 REFUND REQUESTED BY:  |                                |      |                       |                         |                 |             |  |
| TYPED/PRINTED NAME: Sherpy/D. Brinkley TITLE: Petitions Examiner |                                |      |                       |                         |                 |             |  |
| SIGNATURE: PHONE: 2-3204   |                                |      |                       |                         |                 |             |  |
| OFFICE: / Petitions / Petitions                                  |                                |      |                       |                         |                 |             |  |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:                        |                                |      |                       |                         |                 |             |  |
| APPROVED: ONLO DATE: ONLO (                                      |                                |      |                       |                         |                 |             |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B